The Children's Commission

CARE PLAN REVIEWS

PROGRAM AREA REPORT

(January 1, 2000 to December 31, 2000)

LEGISLATIVE LIBRARY OF BRITISH COLUMBIA
3 3298 00256 5001

COMPREHENSIVE PLANS OF CARE REVIEWS

THE CHILDREN'S COMMISSION'S ROLE

The Children's Commission has a statutory responsibility to review care plans for children in the continuing custody of the Director. Children in continuing custody are children who are permanently in the care of the government.

The Commission monitors care plans for children in continuing custody to ensure that the Ministry for Children and Families (MCF) is complying with the legislated requirements set out in the Child, Family and Community Services Act and Regulations and with its own policy. The specific legislation and policy requirements applied by the Commission in reviewing plans of care are found in:

- CFCS Regulation 8 (Contents of other plans of care),
- MCF Practice Standards for Guardianship
- CFCSA section 71 (Out-of-home living arrangements) and
- CFCSA section 70 (Rights of children in care)
- Further guidance is provided in CFCSA sections 2, 3, and 4 - guiding principles, service delivery principles and best interests of the child.

Mandate

The Children's Commission's statuary authority to monitor care plans for children in continuing custody is contained within the Children's Commission Act. 4 (1) The commission may do any or all of the following:

(g) in relation to plans of care for children in the continuing custody of a director,

(i) monitor whether the standards set by the director for those plans are being met,

(ii) identify any of those plans that, in the Commission's opinion, need to be reviewed by the director, and

(iii) conduct random audits of those plans

MCF Care Planning Responsibilities

The purpose of planning for children in care is to work towards the overall goal for the child. In working towards the overall goal, planning for children is intended to provide continuity and stability and to help the child receive the maximum possible benefit from being in care.

The Child Family and Community Services Act, Regulation and the MCF Practice Standards for Guardianship identify specific responsibilities the Director has with respect to care planning for children in care. The Director delegates the guardianship role to MCF social workers who are responsible for ensuring that comprehensive care plans are developed, implemented and updated to meet the physical and emotional needs of the children they serve. In short, each comprehensive plan of care is required to identify the child/youth's current status, an assessment of their needs and the services to meet those needs in each of the following areas:

- placement
- health and health care
- education, if applicable
- emotional and behavioural development
- family and social relationships
- social and recreational activities
- cultural heritage, if applicable
- religious instruction and activities
- self care skills
- any other needs of the child

Additionally, the plan of care needs to identify:

- the overall goal of the plan of care e.g.; adoption, independent living, placement within the aboriginal community
- the views of the child, parent and community regarding the plan,
- that the child's rights in care and the MCF complaints process have been explained
- that the child was seen individually or privately within the past 90 days

In the case of an aboriginal child the care plan must also identify:

- the steps to be taken to preserve the child's cultural identity and to comply with section 71(3) of the Act, which speaks to the placement of aboriginal children
- the name of the child's Indian band or aboriginal community
- the involvement of the child's Indian band or aboriginal community in the development of the plan of care, including its views, if any, on the plan.

Documenting the child's plan is essential for the accountability of the services being provided, to ensure the plan is not lost with the assignment of a new social worker or movement of a child, and to provide a record to the child and care giver so they understand how MCF is attempting to meet the needs and best interests of the child.

The Care Plan Monitoring Process

Each month the Children's Commission receives a list of all children in care. From the list, the Commission uses a random sample of children in continuing custody and requests a copy of the care plan and placement history for those children.

From the sample of care plans selected the Commission requests that MCF provide the care plans and placement histories within 10 working days or identify where a care plan does not currently exist.

The Commission reviews the care plans and sends MCF a notice identifying that the care plan is compliant or that a new care plan or revisions are required within 90 days. After 90 days, the Commission takes a sample of the care plans that were returned to MCF to determine whether or not revisions have been made. The revised care plans are again reviewed and a notice is sent to MCF informing them that the plan is now compliant or else a notice is sent to the Director informing him that the care plan does not yet meet legislative requirements.

Where the service is being provided to a First Nations child through a delegated First Nations Agency, the Commission requests the care plans through the MCF Deputy Director. This process will change once protocols are established with the delegated First Nations Agencies and requests will be made directly. A working group is in the process of developing protocols.

The Children's Commission is currently in the process of revising the care plan review process to include auditing plans of care to verify that the plans are being implemented as written. Consultations with MCF and stakeholders were held in the fall and pilot audits will begin in 2001.

Emerging Themes and Findings from the Care Plan Reviews in 2000

The following table illustrates that, for those plans that were current, the planning has improved dramatically since 1998. The standardized care planning formats and the guardianship standards that MCF introduced in 1999 appear to be paying dividends.

	% of Current Care Plans (< 6month old)	% of Current plans that are compliant
2000	51%	54%*
1999	50%	20%
1998	41%	8%

* This figure is comparing the same variables as in 1998 and 1999. In 2000, with the new MCF care plan format, the Commission also began measuring compliance with explaining rights of children in care and ensuring the child was seen within the past 90 days. When these requirements are factored in, overall compliance levels drop to 31%.

Of concern to the Children's Commission is the fact that the number of children in continuing custody with current care plans remains at half. It appears that where children have current care plans, MCF is making great improvements in planning for them, however, MCF has considerable work to do to ensure a greater proportion of its children are being planned for in a timely manner. The MCF needs to determine why planning is current for only half the children in continuing custody and then take immediate action to correct this problem.

Guardianship workload and the need for continued ongoing guardianship training are two areas MCF must address in order to increase the percentage of children with current care plans.

For the past two years, the Children's Commission has reported out compliance rates as a percentage of current care plans. Next year the Commission will begin reporting compliance rates as a percentage of all care plans reviewed.

The Commission's care plan reviews still show a major lack of involvement with aboriginal communities in planning for aboriginal children. The MCF has made improvements in this area since 1998, however, MCF only documented the involvement, or invitation to participate in planning, in about one third of aboriginal children's care plans. Again, realizing that this is for current plans of care which only constitute half of the plans reviewed by the Commission.

Both the number and percentage of children in continuing custody continues to increase and this has serious implications for the MCF guardianship role both in terms of workload, training and support. The MCF has approved guardianship consultant positions in each of its regions, though none of these positions has been filled at the writing of this report. The following table illustrates that in 2000, MCF is the permanent guardian to over half the children in its care. There has been a 23% increase in the number of children in permanent care since 1998.

	1998 (Dec)	1999 (Dec)	2000 (Dec)
Number of children in care	9751	9660	9725 (10,235)*
Number of children in continuing custody.	4068	4585	5022 (5323)
% of CIC's that are CCW's	41.7%	47.5%	52% (52%)

* These numbers include 510 children in the care of First Nations Child Welfare Agencies, 301 of those children being in continuing custody.

The MCF Management Information System (MIS/SWS)

As reported in previous Program Area Reports, the provincially available statistical information the MCF has on children in care is derived from the MCF MIS/SWS. Though the Commission notes that MIS/SWS was not designed as a monitoring and review system, it is the only available source that MCF currently has for gathering data on children in care.

The Commission's concerns about that information remain:

- the accuracy and updating of the health and behavioural information collected; and
- information that is not collected or tracked

Though improvement has been noted over 1998 and 1999, the Commission still found a discrepancy of 30% between major health and behavioural concerns identified on MIS/SWS and those identified within the care plans. It is important to note here that the discrepancy was for children with current plans of care, it is likely the discrepancy is worse for children who do not have current plans.

With respect to identifying aboriginal children, the Commission found that 5% of children identified in their care plans as aboriginal were not identified as such on MIS/SWS. That figure was 12% in 1998 and less than 3% in 1999.

In 1998 the Commission identified that MIS/SWS, did not track basic information that would help form a picture with respect to permanency planning and stability for children in care. No changes have been made to MIS/SWS with respect to tracking the number of placements a child in care has; the number of social workers a child has had; school grade and performance or unplanned school changes; or primary health care e.g., are immunizations, optical, hearing and dental up to date.

MCF reports that a risk indicator component is being added to their information system by the summer of 2001. It will be able to flag children who have had more than 3 placements within the past 12 months. Additionally, the MCF audit program will be placing greater emphasis on assessing stability by tracking placements and the number of social workers a child has had. The anticipated start date is April 2001.

MCF is also involved in a National Child Welfare Outcome Indicators project. The project will look at measuring outcomes with respect to Child Safety; Child Well-Being; Permanence; and Family and Community Support. Data collection will take place January to March 2001. Analysis of the data will be completed by October 2001 and a final report will be issued March 2002.

Care Plan Review Findings for 2000

In 2000, the Commission made initial requests for 482 comprehensive plans of care (the care plan on file at the time of the Commission's request). The following analysis is based on 437 of these requested care plans. Forty-five of the requested plans are not included in the analysis for such reasons as at the time of request, the file may have been closed, the youth was 19, or the court order had been rescinded.

Comprehensive Plans of Care for Children in Continuing Custody Reviewed by the Children's Commission 1998 through 2000

	1998	1999	2000		
	Total	**Total**	Aboriginal Children	Non-aboriginal Children	**Total**
Care Plan Current < 6 months	41%	50%	53%(102)	49% (120)	51% (N=222)
Care Plan > 6months	20%	16%	18%(34)	18%(44)	18%(N=78)
Care Plan written for review	15%	14%	7% (14)	7%(18)	7% (N=32)
No Care Plan	17%	15%	20%(39)	26% (64)	24% (N=103)
No response	7%	5%	1%(2)*	0%(0)	(2)*
Total	100%		100% (191)	100% (246)	100% 437

* The Commission was still awaiting responses for these care plans.

Children in Continuing Custody Age/Gender

	12/31/1998			12/31/1999			12/31/00*		
	Male	Female	Total Age	Male	Female	Total Age	Male	Female	Total Age
Age 0-5	387	330	717	402	330	732	441	343	784
Age 6-11	622	545	1167	713	591	1304	857	693	1550
Age 12-15	515	433	948	588	510	1098	737	648	1385
Age 16-19	619	617	1236	721	730	1451	798	806	1604
Total by Gender	2143	1925	4068	2424	2161	4585	2833	2490	5323

* Includes 301 children in the care of First Nations Child Welfare Agencies.

COMPLIANCE

Compliance for current plans of care reviewed by the Children's Commission 1998 through 2000.

	Aboriginal Children	Non-Aboriginal Children	Total
2000 *	53/102 (52%)	66/120 (55%)	119/222 (54%)
1999	20%	19%	20%
1998	5%	9%	8%

This figure is comparing the same variables as in 1998 and 1999. With the new MCF care plan format the Commission began measuring compliance with explaining rights to children in care and ensuring the child was seen within the past 90 days, compliance levels drop to 31% when they are factored in.

The above table compares compliance rates for current plans reviewed between 1998 and 2000 using the same review criteria. The MCF's standardized care planning formats now require that the plan identifies whether the child's rights in care have been explained, the MCF complaints process has been explained and whether a private visit took place within the past 90 days. These criteria were added to the Commission's review criteria for 2000, since it was now available through the care plan. These criteria were required previously, however as they were not specifically required to be identified in the care plan, the Commission was not able to determine whether or not they had been met. The standardized formats also specifically address the category of self care skills which includes independence living skills for older youth. These issues were previously reviewed where they applied to behavioural development or placement planning. Self care skills are now reviewed separately.

A direct comparison of compliance rates shows compliance has more than doubled over last year and there has been an almost 7 fold increase since 1998. Clearly, care planning for children in continuing custody is improving, however this improvement only affects children who have a current care plan. The increases in compliance rates have not been met by increases in the percentage of children with current plans which remains virtually the same as last year at 51%.

There was also an improvement in plans that were not fully compliant. The range in compliance for the remaining plans of care that were current but not fully compliant was 0 – 90% with the average being 46%. For aboriginal children the range was 0-83% with an average of 43%. For non-aboriginal children the range was 0-90% with an average of 49%. In 1999, the overall range was 0-88% with an average of 33% and for 1998 the overall range was 0-86% with an average of 35%. This shows that care plans are moving towards greater compliance even where they are not fully compliant.

Considerable variability exists in care plan assessments. Some workers use the guiding questions in the assessment portion of the care plan to provide yes or no answers, where others understand that the questions are only intended as a guide to help them form their professional assessment. This suggests that training in developing care plans is an ongoing need.

Detailed Care Plan Review Findings

The following is a more detailed comparison of care plan findings between reviews completed in 1998 through 2000 for care plans that were current i.e., written within the last 6 months from the time they were requested.

1. Placement

When deciding where to place a child, a director must consider the child's best interests and must give priority to placing a child with a relative. If placing a child with a relative is not consistent with the child's best interests, the director must give priority to: placing a child where the child can maintain contact with relatives and friends; in the same family unit as the child's siblings; in a location where the child can continue in the same school.

Yearly comparison of children placed in Relative or Restricted foster homes.

	1998	1999	2000
CIC's placed in Family/Relative	15%	14%	14%
or Restricted foster home			
CCW's placed in Family/Relative	13%	11%	11%
or Restricted foster home			

CIC refers to all Children in Care.
CCW refers to children in care, in the continuing custody of MCF.

Of the current care plans reviewed by the Children's Commission 78% provided some justification for why the child was in his or her particular placement and what needs the placement was meeting.

Of the care plans reviewed by the Commission.

	1998	1999	2000 Aboriginal	2000 Non-aboriginal
% of plans identifying current or future placement needs	20%	34%	79%	78%
% of CCW's with 5 or more placements	50%	44%	52%	51%
% of CCW's with 10 or more placements	20%	15%	19%	17%
% of CCW's with 15 or more placements	8%	5%	7%	8%

CCW refers to children in care, in the continuing custody of MCF.

Overall, placement planning was weakest with older youth who would be leaving care within the next year. MCF recognizes that this is an area requiring improvement however it continues to be a consistent theme dating back to when the Commission began to review care plans.

2. Health

Primary health care status (immunizations, optical, hearing and dental) was identified in 73% (69% aboriginal) of the care plans. This is a considerable improvement over 1998 and 1999 and is, at least, partially attributable to the new planning format the MCF has introduced. Additionally, 80% of care plans identified health needs and planned for them accordingly.

Comparison of health care planning 1998-2000.

	2000	1999	1998
Primary health care status identified in the plan	73%	57%	30%
Health needs identified and planned for	80%	60%	54%

3. Emotional and behavioural needs

Continued improvement was shown in emotional and behavioural planning where 71% (72% aboriginal) of care plans linked identified behavioural needs with specific services.

Comparison of Emotional and Behavioural planning 1998-2000.

	2000	1999	1998
Emotional and behavioural needs identified and planned for	72%	36%	30%

The identity section of the care plan assessment guides the social worker around the issue of the child's knowledge of why they are in care. This issue tended to be addressed though there was little analysis about what that meant to the child or how the child's life was affected as a result.

4. Educational Planning

In the plans reviewed for 2000, 75% of school aged children appeared to be having some educational difficulties. Again, this was an area where planning showed marked improvement over last year with 70% (71% aboriginal) of the care plans identifying plans to address the child's specific educational needs.

Comparison of Educational planning 1998-2000.

	2000	1999	1998
Educational needs identified and planned for	70%	38%	33%

It is critical that children with educational difficulties are identified early and that adequate supports are provided to address their needs in order to maximize their learning potential and educational outcomes.

As noted in previous years, the Commission found a lack of vocational and post care planning for youth who would turn 19 prior to finishing school. This is an area of critical importance in planning for independence and is a further example of the need to ensure that independence planning begins early with clearly articulated goals and a plan for achieving those goals.

5. Social/Recreational Planning

Significant improvement was shown over previous years. 72% (70% aboriginal) of the care plans recorded social and recreational activities children were involved with.

Comparison of Social and Recreational planning 1998-2000.

	2000	1999	1998
Social and Recreational needs identified and planned for	72%	48%	33%

6. Cultural Planning

Cultural planning took on different meanings to different guardianship workers. For non-aboriginal children (cultural planning for aboriginal children is discussed on page 14 under a separate heading) it was either seen as not applicable or else was more broadly defined and included things such as ensuring that the child's life book was current and that family or community connections were maintained. Where children of minority cultures were identified it also meant identifying how cultural links were being maintained. There were not however, large numbers of children identified in their care plans as being from a cultural minority and having specific cultural needs. Where culture was seen as applicable for non-aboriginal children it was addressed in 85% of those plans through the Identity section of the care plan.

7. Religious Instruction and Activities

This continues to be the section of the care plan that has the least attention paid to it. Where it is addressed in care plans it remains primarily a status report of whether or not the child attended church or church related activities, or else had chosen not to attend. Little specific direction is provided in the MCF Guardianship Standards as to planning expectations for social workers in this area.

8. Significant Relationships

During this review period, 77% (72% aboriginal) of the plans identified contact the child had to maintain immediate and extended family relationships. There was much less detail about the impact the contact had on the child or if there were other family relationships that needed to be developed, introduced or nurtured.

Comparison of Family relationship planning 1998-2000.

	2000	1999	1998
Maintaining family relationships	77%	52%	40%

9. Self Care Skills

With the adoption of the MCF standardized care planning formats, self care skills are identified as an independent category. Previously, self care skills were incorporated in planning as it related to behavioural development or placement planning for older youth.

Planning for self care skills was addressed in 66% (aboriginal 65%) of the care plans. Self care skills dealt with a range of skills from personal hygiene and chores to a young persons ability to manage a household. Self care skills were best identified using the LAC assessment which is very specific and detailed. Self care skills planning using the MCF condensed assessment was not nearly as complete. This was especially evident when looking at self care skills and independence skills planning for older youth.

10. Developing Comprehensive Care Plans

The vast majority of care plans reviewed (93%,aboriginal 93%) identified that care plan meetings were conducted. Typically the meetings were limited to the social worker, foster parent or staff, and the child. There was also an increase in the number of children and youth who attended the care

plan meeting, or whose voice was identified in the care plan, though they still only attended 65% (63% aboriginal) of the time. This remains a cause for concern as children in care have a right to be consulted and to express their views, according to their abilities and to be informed of their plan of care.

Comparison of care plan meetings 1998-2000.

	2000	1999	1998
Plan of care meeting was held	92%	66%	60%
Child had a voice in planning	65%	33%	55%

11. Review of Section 70 Rights

Although there is a regulatory requirement to review section 70 rights with children in care on an annual basis, there previously was not a requirement that the review had to be documented in the plan of care. The current MCF care planning formats require that the review of a child's rights be recorded in the plan along with a review of the MCF Complaints process. Previously, this was not required to be recorded in the plan of care and the Commission could not determine how widely it was being done. In 2000, only 46% (44% aboriginal) documented that rights of care had been reviewed which is cause for great concern considering the vulnerability of children in care. This is keeping in mind that the 46% reflects children who have a current plan of care. Overall, the number of children being informed of their rights would appear to be less than half of this, as only 51% of children in continuing custody have a current plan of care.

When calculating care plan compliance including Rights in Care and visits with the child at least every 90 days, the MCF compliance rates for current plans falls from 54% to 31%. This year where the remainder of the care plan was compliant, Commission staff contacted the social worker and asked that the issue of the child's rights be addressed and the care plan amended to reflect that it had been completed. The plan was then deemed compliant.

Given the number of plans that identified the issue of Rights in Care as not being applicable, due to the child's age or capability to understand, suggests a lack of familiarity with the MCF standard which specifically addresses this circumstance. Clearly, ongoing training with respect to the MCF Guardianship Standards is required to ensure continued improvement in care planning.

12. Meeting with Children

Overall 70% (aboriginal 64%) of children in continuing custody where seen individually or privately within the previous 90 days which is the maximum time the MCF allows between the child being seen by the social worker. As with explaining Rights in Care, this is of concern given the vulnerability of children in care.

Aboriginal Children in Continuing Custody

Although, approximately 8 percent of children in BC are aboriginal, 43% of the children in continuing custody are aboriginal.

Children in Continuing Custody Age/Aboriginal Status December 2000

	Non-Aboriginal	First Nation	Metis	Inuit	**Total by Age**
Age 0-5	391	358	33	2	784
Age 6-11	733	746	65	6	1550
Age 12-15	786	541	55	3	1385
Age 16-19	1178	379	45	2	1604
Total by Aboriginal Status	3088	2024	198	13	5323

The above table shows that aboriginal children in continuing custody are younger than non-aboriginal children: 54% of aboriginal children are under 12 years old where as 38% of non-aboriginal children are under 12. Conversely, 38% of non-aboriginal children are aged 16 or older, with 20% of aboriginal children being over 16 years old. This reinforces the urgency of getting aboriginal communities involved in planning for aboriginal children as they have the potential to be in care for many years.

Recognizing the disproportionate number of aboriginal children in care, the CFCSA contains a number of care planning requirements specifically for them. Care planning for aboriginal children must additionally address the following:

- steps taken to comply with section 71(3) of the CFCSA, which speaks to the placement of aboriginal children
- the steps to be taken to preserve the child's cultural identity
- the name of the child's Indian band or aboriginal community

- the involvement of the child's Indian band or aboriginal community in the development of the plan of care, including its views, if any, on the plan.

Section 71 (3) states that priority must be given to placing an aboriginal child with: extended family or within the child's cultural community; or where a child cannot be safely placed with extended family with another aboriginal family. If an aboriginal child cannot be safely placed in either situation then the Placement Rules in the rest of section 71 apply.

The MCF information system identifies fewer aboriginal children in continuing custody are in a First Nations or Relative placement than in 1999 or 1998 as illustrated by the following table.

Aboriginal Children in continuing custody in First Nations or Relative Placements 1998-2000.

	2000	1999	1998
First Nation or Relative Placement	1.75%	2.5%	2.5%
Restricted Foster Placement	7.3%	8.2%	10.8%

By comparison, the Children's Commission's reviews showed that 22% of aboriginal children appeared to be in a placement where there was a caregiver of aboriginal ancestry. Our reviews indicated this was 25% in 1999 and 19% in 1998.

Cultural planning for aboriginal children again increased dramatically this year to 81%. Of continued concern is that much of the cultural planning appears to have taken place without input from the child's aboriginal community. Involving the aboriginal community in planning for the child only occurred in a third of the current care plans. There has been an improvement in this area though there is clearly much work to be done to reach out and involve aboriginal communities in planning.

Planning for aboriginal children 1998-2000.

	2000	1999	1998
Cultural planning for aboriginal children	84%	56%	30%
Involving the aboriginal community in planning	33%	23%	15%

In most instances where a child was listed as aboriginal his or her Band or Community was identified.

The new MCF Guardianship Standards provide clear direction with respect to aboriginal community involvement in planning for aboriginal children though this direction is only being followed about a third of the time.

The Children's Commission began receiving electronic lists of children in continuing custody in the care of First Nation's Delegated Child Welfare Agencies in December 2000. These children will now become a regular part of the Commission's monthly review sample and the Commission will be reporting out on these children in subsequent reports.

Subsequent Reviews

When care plans are returned to the MCF for review and revision

The Commission changed it's care plan review process (described in the section *The Care Plan Monitoring Process*) which affected the number of reviews being forwarded on for a review by the Region and the Director. The revised process took effect in May 2000 and all outstanding Regional and Director reviews were rolled over into the new process in November 2000. A random sample of these outstanding care plans will be taken in February 2001. The change in process accounts for the much smaller number of subsequent reviews over previous Commission reports.

In 2000, the Commission requested Regional Executive Directors to have 86 care plans reviewed and revised. The following is a summary of the Commission's findings.

- 57 care plans were returned to the Children's Commission for review
- 29 care plans were closed as part of a rollover to the new process in November 2000
- 70% of the revised care plans were fully compliant – the remainder were sent back to the Director of Child Welfare for further revision. This is an improvement over 1998 where 35% of the revised plans were fully compliant.

In 2000, the Commission requested the Director of Child Welfare to revise 44 plans of care that were returned to the Commission by the MCF Regional Executive Directors and deemed by the Commission not to be in full

compliance with the CFCSA, Regulation and MCF policy and guardianship standards. The following is a summary of the Commission's findings:

- care plans were returned to the Commission for review
- 16 care plans were closed as part of a rollover to the new process in November 2000
- 90% of the revised care plans were fully compliant.

MCF Regional Findings

The chart that follows, ***Children's Commission Care Plan Review Regional Findings 2000,*** illustrates considerable regional variability in care plan compliance. When reviewing the regional findings it is important to note that the numbers become much smaller and therefore, small changes to the actual numbers can create larger changes as a percentage.

Next year, when the Children's Commission begins reporting compliance rates as a percentage of care plans reviewed rather than as a percentage of care plans that are current, regional compliance rates will be more easily comparable. Currently, when reviewing the regional chart you must consider both the percentage of care plans that are current within a region in conjunction with the compliance rate. For example, 72% of the care plans submitted from Simon Fraser were current and 70% of those plans were compliant. This represents a much higher overall level of compliance than the Upper Fraser Valley where 73% of the current care plans were compliant but only 39% of that regions care plans were current.

Children's Commission Care Plan Review
Regional Findings 2000

Region	# of Requests	Care Plan Current < 6 months	Care Plan Dated > 6 months	No Care Plan	Care Plan Written For Review	Other *	Current/ Compliant Care Plans		Compliance rates of current plans Found not fully compliant	
									Post April 00 Criteria Ave	Range Post Apr 00 Criteria
East and West Kootenay	15	42%	42%	0%	17%	20%	20%		60%	30-82%
North and South Okanagan	56	75%	13%	4%	8%	7%	56%		59%	27-90%
Thompson and Cariboo	31	43%	36%	14%	7%	10%	67%		51%	0-73%
Northern Interior/North West and Peace Liard	62	45%	24%	18%	13%	11%	40%		45%	18-73%
Upper Fraser Valley	29	39%	7%	50%	4%	3%	73%		43%	27-60%
South Fraser	58	36%	20%	42%	2%	11%	44%		42%	0-90%
Simon Fraser	37	72%	13%	9%	6%	14%	70%		55%	11-78%
Richmond and Vancouver	81	45%	19%	31%	4%	4%	71%		43%	0-73%
Coast Garibaldi and North Shore	18	53%	12%	35%	0%	6%	56%		52%	18-75%
Central Vancouver Island and Upper Island/Central Coast	55	65%	14%	12%	8%	9%	36%		36%	9-73%
Capital	36	35%	10%	35%	19%	14%	36%		36%	9-90%
Provincial Average	43	51%	18%	24%	7%	9%	54%		46%	0-90%

Total Number of requests = 482.
* Other refers to care plans that were not included in the review statistics (e.g.; file closed; adoption completion, an order rescinded; out of province)